

OVARIOCTOMY AND ITS RESULTS.

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It is my intention to record all the cases of ovarian extirpation in future as they occur to me ; preceding each (as introductory) by a statistical table of previous results up to, and including the case then reported ; presuming by this means to anticipate the many inquiries constantly forwarded to me, and which otherwise I should be called upon to answer individually.

Results of seventy-nine cases:—

Of the first	20	Cases,	8	Died,	12	Recovered.
„ second	20	„	6	„	14	„
„ last	37	„	10	„	27	„
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TOTALS ...	77	Cases,	24	Deaths,	53	Recoveries.

If I add to these, two successful cases on which I have operated for others, which I feel justified in doing, inasmuch as the tables above include all the unfortunate cases where I operated from home, and which were afterwards left in the care of others for after treatment,—under this view, my whole experience will be, *of the last section*,—39 cases, 10 deaths, 29 recoveries. The grand total 79 cases, 24 deaths, and 55 recoveries.

Progressive Improvements :—

Of the first 20 Cases, 1 Death in $2\frac{1}{2}$ }
 „ second 20 „ 1 „ $3\frac{1}{3}$ } mean, 1 in $3\frac{1}{5}$.
 „ last 39 „ 1 „ $3\frac{3}{4}$ }
 Or, with one more successful case, one death in four cases.

Report of the seventy-ninth case included in the above table :—

Mrs Anne Hague of Attercliffe, near Sheffield, thirty-one years of age, had only one child, now six years ago. She had laboured under distension of the abdomen for the last five years ; at first, it was thought

History. flatulency from a disordered state of the stomach and inactive liver. About a year ago, Mr Martin, her medical adviser, defined it to be ovarian disease ; it was then beginning to enlarge more rapidly, and her countenance assumed a yellowish tinge, indicating considerable constitutional derangement. The menstrual periods became very irregular ; there was evidently a large sac filling rapidly, and now the weight and incumbrance became distressing to bear ; the right side was more enlarged than the left ; she had some difficulty in breathing. She consulted me September 22d, 1856. I found one large sac, and suspected some solid tumour (but not apparently of large dimensions) with it. From the sac being large, I was

Characters of Tumour. unable to define the exact position and size of the solid mass, which was but very indistinctly felt. The tumour, as a whole, appeared more on the right than the left side ; but the early pain and tenderness were first felt in the left groin, consequently the probability was, that the disease sprung from the left ovary. I advised her to return home, and bear with it as long as possible. The opinion I gave was, that extirpation was the only legitimate plan in her case, after she had fully considered all its attendant dangers. The case returned to Manchester, with the determination to be operated upon on the 14th of April 1857. The large sac was then tapped, and 48 lbs. of thick viscid fluid was discharged, when another sac, with a considerable portion of solid matter, became evident. The patient was now allowed to rest a few days ; and on the 22d of April 1857, eight days after tapping, ovariectomy was performed, when the contents of the

Operation. second sac with the solid mass were removed, which weighed about 12 lbs. ; making a total weight of 60 lbs. The operation took place at 2 P.M., in the presence of Dr H. Reid and R. W. Ledward, surgeons, and occupied about twelve minutes. In this case the chloroform was some time in affecting the patient. After the operation, a dose of four grains of soft solid opium was given, the room darkened, and the temperature lowered, which had been artificially raised to 72° Fahr. during the operation. The pulse before the operation was 85, and after, it was about the same, at most it had not been accelerated more than to 88 ; at four o'clock the pulse had assumed its natural standard. In this case there were considerable adhesions, and the pedicle was attached to the left ovary, notwithstanding the tumour occupied more of the right than the left of the abdominal cavity. At this time (four o'clock) there was considerable pain at the ligature. At eight o'clock P.M. the opiate began to affect her, and the pain at the pedicle was but trifling ; disposed to sleep. At twelve midnight, she had occasionally dozed, and 3x. of urine had been taken away ; pain entirely gone, and very sleepy.

April 23d, 8 A.M.—Had had frequent short sleeps during the night ; free from pain ; slightly flushed ; and pulse raised to 90. Urine

Second Day. passed freely and naturally ; slight nausea and eructations of wind from the stomach. 12 noon.—Continues favourable ; pulse 95, flushed ; still slight nausea. 6 P.M.—Skin become moist ; pulse fallen to 88, and quite compressible ; nausea slight ; urine passed freely. 12 midnight.—Profuse perspiration ; pulse 85, soft ; takes panada and toast water, or arrow-root made with water, without nausea ; sleeps occasionally.

April 24th.—Having ordered an emollient enema the night previous, which had not operated, I found her a little restless ; but the pulse

Third Day. was soft, skin very moist, and she had slept a little and taken her simple diet with a relish. I ordered the enema to be repeated twice during the day ; the bowels were (as is generally the case after the removal of so large a mass) very torpid in their action. In the afternoon of

this, the *third day*, I removed all the interrupted sutures, found the wound healed perfectly, except, of course, where the ligature passed through. Beef-tea was now given sparingly; appears very comfortable, but as yet the bowels have not acted; the urine is freely passed. 12 o'clock midnight.—Urine copious; bowels not moved; abdomen slightly tympanitic. Ordered a repetition of the enema, in which was two drachms of Inspiss. Fel. Bov.

April 25th.—Bowels had been moved twice, each time very copiously; belly less tympanitic; skin moist; but in consequence of the bowels acting, had not slept very well; passed a very comfortable day; enjoyed her food.

April 26th.—A.M.—Slept but little during the night; bowels uneasy, and disposed to be relaxed; ordered arrow-root in lieu of beef-tea; *Fifth Day.* the discharge from the aperture increasing, and very offensive; pulse 86, and firm; gave an opiate pill at night.

April 27th.—Had passed an excellent night; bowels gently moved to-day, and of a healthy colour and consistency; urine very freely secreted; *Sixth Day.* appetite improving; mind cheerful, and full of hope and confidence as to recovery.

Seventh Day. 28th.—Much the same as yesterday—favourable throughout.

29th.—Bowels slightly relaxed, evidently from excitement in consequence of seeing her husband for the first time after the operation, gave an opiate pill at bed-time.

30th.—Had slept well all night; appetite good; had a mutton chop to-day, and enjoyed it; in every way improving; sat up in bed twice this day, half an hour each time.

May 1st.—Last night's rest not so good; the wound discharging very freely; perspiring freely; urine copious; appetite fair; gave an opiate in the evening.

May 2d.—Had passed an excellent night; was very cheerful, and took her food well; considerable perspiration, and some thirst; bowels had been copiously moved; wound discharging freely.

May 3d.—Had slept well, but appeared depressed, and perspired freely. Having to leave her to-day to visit a similar case in Staffordshire,

Twelfth Day. I found out *that* was the cause of mental depression; on my return she rallied. I ordered a quinine mixture occasionally, and a little Dublin porter, with beef-tea, mutton chops grilled, etc.

Thirteenth Day. *May 4th.*—Much better throughout the day; appetite improving.

May 5th.—Gaining strength, appetite good, and very cheerful. From this time she continued to improve, gradually taking nourishment freely.

May 6th.—Slight depression without apparent cause.

May 7th.—Good night; the pedicle ligature came away to-day, followed by some pus.

May 19th.—Gaining strength fast.

May 23d.—Progressing rapidly, and preparing to leave me on the 25th.

From the beginning to the end a most satisfactory case.

In a great majority of cases, the disease is of the right ovary; in this case, it was the left, though the inclination of the tumour would have led one to suppose the disease to be of the right. It will be seen, from a late discussion in this Journal, that it was supposed my latter cases were not so large, or the disease so much advanced, as in my early cases; the contrary is the fact. If I take the last thirty-five cases, I believe the tumours, on an average, have been much larger, and the disease of longer standing. The incision in this case was

smaller in proportion to the size of the tumour than usual, being about eight inches. I still maintain, that high temperature during the operation is positively necessary to its success. I did not tap the second sac, as it was but small. The adhesions in this case were extensive; but I have rejected many cases in my early practice with less adhesions, which I now regret. One word as to injecting ovarian tumours with iodine. I tried two cyst cases in 1847 and 1848, but in neither case could I perceive the slightest benefit; but I think it just possible that, by the use of iodine, the patient's prospects by an operation may be utterly destroyed (as also with the pressure system recommended by I. B. Brown). I shall in future treat my cases with the statistics up to the time.

In conclusion, I have to observe how much I was surprised to find that, in Mr Edwards' case, reported in the April number of this Journal, three arterial branches had to be tied during the section of the abdominal walls. In the whole seventy-nine operations I have been concerned in, I have not yet been called upon to use ligature for any vessels, except those accompanying, and included in the pedicle. The amount of hæmorrhage is always trifling, and the successful issue of such an operation depends as much on the watchful mode of treatment afterwards as upon the operation itself.